

Student Data Form

I. Student's Personal Data:

Name _____ College or University _____ Clinical Exp: I II III IV V
 Preferred Mailing Address _____ City _____ State _____ Zip _____
Please print
 Cell Phone _____ Home Phone _____ E-Mail _____

Liability Insurance Carrier _____ Policy # _____
 Medical Insurance _____ Policy # _____

In Case of Emergency Contact Relationship _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Home Phone _____

Previous Clinical Experiences (list most recent first)

	Facility	Full time/Part time?	Length of Experience	Type of Experience (eg. OP ortho, acute)

Housing Information

I would: like to take advantage of the housing you offer
 like to review any housing information you may have available

I have housing available at
 I have a car I will rely on public transportation

II. LEARNING STYLE PROFILE

A. Please comment on how you prefer to learn.

B. Please comment on the amount and type of feedback you prefer while learning in a clinical setting.

III. STUDENT SELF-ASSESSMENT

Overview: The 18 items of the Clinical Performance Instrument (CPI) are grouped into two main categories of **Professional Practice** and **Patient Management**. The left hand column lists the subcategories in each and provides sample behaviors to consider when assessing your performance.

Directions:

1. In the second column, using the following key, indicate your level of exposure in each of the subcategories:

For **first full-time** experiences use the following choices:

- 4 = integrated clinic, classroom and lab
- 3 = integrated (or part-time) clinic only
- 2 = classroom and lab
- 1 = classroom only
- 0 = no exposure

For subsequent experiences add the following options:

- 6 = full time clinic, classroom and lab
- 5 = full time clinic only

2. Complete the third column **ONLY** if you have completed at least one full-time clinical experience. For your second clinical experience through your final clinical experience, *using the anchor definitions described below and considering the performance dimensions provided*, indicate your level of performance for each of the items listed by placing a vertical mark (|) on the rating scale. Note: You must meet **ALL** of the conditions of the anchor to place a mark directly on the anchor.

3. In the last column, using the anchor definitions and performance dimensions as a framework, provide a general statement of your performance for the entire category of items listed.

NOTE: Steps 1 and 2 provide a visual representation of your perceived level of performance. Step 3 provides a general overview of your exposure and competence in narrative form, and complements the information previously given to insure a well-rounded picture of your capabilities.

Anchor Definitions: (As read from left to right on the rating scale)



Beginning performance (bp):

- A student who requires close supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions
- At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner.
- Performance reflects little or no experience
- The student does not carry a caseload.

Advanced beginner performance (abp):

- A student who requires clinical supervision 75 – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.
- The student may begin to share a caseload with the clinical instructor.

Intermediate performance (ip):

- A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.
- At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.
- The student is **capable of** maintaining 50% of a full-time physical therapist's caseload.

Advance intermediate performance (aip):

- A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.
- At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
- The student is **capable of** maintaining 75% of a full-time physical therapist's caseload.

Entry-level performance (ep):

- A student who is **capable of** functioning without guidance or clinical supervision managing patients with simple or complex conditions.
- At this level the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions and clinical reasoning.
- Consults with others and resolves unfamiliar or ambiguous situations.
- The student is **capable of** maintaining 100% of a full-time physical therapists caseload in a cost effective manner.

Beyond entry-level performance (bep):

- A student who is **capable of** functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.
- The student is **capable of** maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.
- The student is capable of supervising others.

Performance Dimensions:

Quality = the degree of skill or competence demonstrated (eg, limited skill, high skill), the relative effectiveness of the performance (eg, ineffective, highly effective), and the extent to which outcomes meet the desired goals. A continuum of quality might range from demonstration of limited skill and effectiveness to a highly skilled and highly effective performance.

Supervision/guidance required = level and extent of assistance required by the student to achieve clinical performance at entry-level. As a student progresses through clinical education experiences, the degree of monitoring needed is expected to progress from full-time monitoring/direct supervision or cuing for assistance to initiate, to independent performance with consultation. The degree of supervision and guidance may vary with the complexity of the patient or the environment.

Consistency = the frequency of occurrences of desired behaviors related to the performance criterion (eg, infrequently, occasionally, routinely). As the student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

Complexity of tasks/environment = Multiple requirements of the patient or environment (eg, simple, complex). The complexity of the environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.

Efficiency = the ability to perform in a cost-effective and timely manner (eg, inefficient/slow, efficient/timely). As a student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

Elements of this Form are adapted with permission of the American Physical Therapy Association from *Physical Therapy Clinical Performance Instruments*, Alexandria, Virginia, American Physical Therapy Association, 1998.

Professional Practice

<i>Performance Item</i>	<i>Exposure</i>	<i>Competence</i>	<i>Narrative Comments</i>
<p>1. SAFETY: Practices in a safe manner that minimizes risk to patient's self, and others (Establishes and maintains safe working environment; recognizes physiological and psychological changes in patients and adjusts patient intervention accordingly; demonstrates awareness of contraindications and precautions of patient intervention; ensures the safety of self, patient and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations, etc.); requests assistance when necessary; uses acceptable techniques for safe handling of patients (eg, body mechanics, guarding, level of assistance etc.); demonstrates knowledge of facility safety policies and procedures.</p>	<p>5 6 4 3 2 1 0 _____</p>	<p> _ _ _ _ _ _ _ </p>	
<p>2. PROFESSIONAL BEHAVIOR: Demonstrates professional behavior in all situations (Demonstrates initiative (eg, arrives well prepared, offers assistance, seeks learning opportunities; is punctual and dependable; wears attire consistent with expectations of the practice setting; demonstrates integrity in all interactions; exhibits caring compassion, and empathy in providing services to patients; maintains productive working relationships with patients, families, CI and others; demonstrates behaviors that contribute to a positive work environment; accepts feedback without defensiveness; manages conflict in constructive ways; maintains patient privacy and modesty (eg, draping, confidentiality); values the dignity of patients as individuals; seeks feedback from clinical instructor related to clinical performance; provides effective feedback to CI related to clinical/teaching mentoring.</p>	<p>5 6 4 3 2 1 0 _____</p>	<p> _ _ _ _ _ _ _ </p>	
<p>3. ACCOUNTABILITY: Practices in a manner consistent with established legal and professional standards and ethical guidelines. (Places patient's needs above self interests; identifies, acknowledges, and accepts responsibility for actions and reports efforts; takes steps to remedy errors in a timely manner; abides by policies and procedures o the practice setting (eg, OSHA, HIPAA, PIPEDA [Canada] etc.); maintains patient confidentiality; adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management; identifies ethical or legal concerns and initiates action to address the concerns; displays generosity as evidenced in the use of time and effort to meet patient needs; recognize the need for physical therapy services to underserved and underrepresented populations; strive to provide patient/client services that go beyond expected standards of practice.</p>	<p>5 6 4 3 2 1 0 _____</p>	<p> _ _ _ _ _ _ _ </p>	

<p>4. COMMUNICATION: Communicates in ways that are congruent with situational needs. (Communicates, verbally and nonverbally, in a professional and timely manner; initiates communication in difficult situations; selects the most appropriate person(s) with whom to communicate; communicates respect for the roles and contributions of all participants in patient care; listens actively and attentively to understand what is being communicated by others; demonstrates professionally and technically correct written and verbal communication without jargon; communicates using nonverbal messages that are consistent with intended message; engages in ongoing dialogue with professional peers or team members; interprets and responds to the nonverbal communication of others; evaluates effectiveness of his/her own communication and modifies communication accordingly; seeks and responds to feedback from multiple sources in providing patient care; adjusts style of communication based on target audience; communicates with the patient using language the patient can understand (eg, translator, sign language, level of education, cognitive impairment, etc.).</p>	<p>5 6 4 3 2 1 0 _____</p>	<p> _ _ _ _ _ _ _ _ _ </p>	
<p>5. CULTURAL COMPETENCE: Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. (Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services; communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status; provides care in a nonjudgmental manner when the patients' beliefs and values conflict with the individual's belief system; discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures; values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly; is aware of and suspends own social and cultural biases).</p>	<p>5 6 4 3 2 1 0 _____</p>	<p> _ _ _ _ _ _ _ _ _ </p>	
<p>6. PROFESSIONAL DEVELOPMENT: Participates in self-assessment to improve clinical and professional performance: (Identifies strengths and limitations in clinical performance; seeks guidance as necessary to address limitations; uses self-evaluation ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development; acknowledges and accepts responsibility for and consequences of his or her actions; establishes realistic short and long-term goals in a plan for professional development; seeks out additional learning experiences to enhance clinical and professional performance; discusses progress of clinical and professional growth; accepts responsibility for continuous professional learning; discusses professional issues related to physical therapy practice; participated in professional activities beyond the practice environment; provides to and receives feedback from peers regarding performance, behaviors, and goals; provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc.) to achieve optimal patient care.</p>	<p>5 6 4 3 2 1 0 _____</p>	<p> _ _ _ _ _ _ _ _ _ </p>	

Patient Management

<i>Performance Item</i>	<i>Exposure</i>	<i>Competence</i>	<i>Narrative Comments</i>
<p>7. CLINICAL REASONING: Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management. (Presents a logical rationale (cogent and concise arguments) for clinical decisions; makes clinical decisions within the context of ethical practice; utilizes information from multiple data sources to make clinical decisions (eg, patient and caregivers, health care professionals, hooked on evidence, databases, medical records); seeks disconfirming evidence in the process of making clinical decisions; recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly; critically evaluates published articles relevant to physical therapy and applies them to clinical practice; demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict; selects interventions based on the best available evidence, clinical expertise, and patient preferences; assesses patient response to interventions using credible measures; integrates patient needs and values in making decisions in developing the plan of care; clinical decisions focus on the whole person rather than the disease; recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.)</p>	5 6 4 3 2 1 0 _____	_ _ _ _ _ _ _ _ _	
<p>8. SCREENING: Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional. (Utilizes tests and measures sensitive to indications for physical therapy intervention; advises practitioner about indications for intervention; reviews medical history from patients and other sources (eg, medical records, family, others health care staff; performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies; selects the appropriate screening tests and measurements; conducts tests and measurements appropriately; interprets tests and measurements accurately; analyzes and interprets the results and determines whether there is a need for further examination or referral to other services; chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary; conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.)</p>	5 6 4 3 2 1 0 _____	_ _ _ _ _ _ _ _ _	

<p>9. EXAMINATION: Performs a physical therapy patient examination using evidence-based tests and measures. (Obtains a history from patients and other sources as part of the examination; utilizes information from history and other data (eg, laboratory, diagnostic and pharmacological information) to formulate initial hypothesis and prioritize selection of tests and measures; performs systems review; selects evidence-based tests and measures that are relevant to the history, chief complaint and screening; conducts tests and measures accurately and proficiently; sequences tests and measures in a logical manner to optimize efficiency; adjusts tests and measures according to patient's response; performs regular reexaminations of patient status; performs an examination using evidence-based tests and measures.).</p> <p>NOTE: See appendix for list of tests and measures and items to consider during history taking (from the CPI and the Guide to Clinical Practice).</p>	<p>5 6 4 3 2 1 0 _____</p>	<p> _ _ _ _ _ _ _ </p>	
<p>10. EVALUATION: Evaluates data from the patient examination (history, systems review, and tests and measurements) to make clinical judgments. (Synthesizes examination data and identifies pertinent impairments, functional limitations and quality of life [WHO – ICF Model for Canada]; makes clinical judgments based on data from examination (history, system review, tests and measurements; reaches clinical decisions efficiently; cites the evidence to support a clinical decision).</p>	<p>5 6 4 3 2 1 0 _____</p>	<p> _ _ _ _ _ _ _ </p>	
<p>11. DIAGNOSIS AND PROGNOSIS: Determines a diagnosis and prognosis that guides future patient management. (Establishes a diagnosis for physical therapy intervention and list for differential diagnosis; determines a diagnosis that is congruent with pathology, impairment, functional limitation and disability; integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status; estimates the contribution of factors (eg, preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions; utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc) that help predict patient outcomes).</p>	<p>5 6 4 3 2 1 0 _____</p>	<p> _ _ _ _ _ _ _ </p>	

<p>12. PLAN OF CARE: Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. (Establishes goals and desired functional outcomes that specify expected time durations; establishes a physical therapy plan of care in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services; establishes a plan of care consistent with the examination and evaluation; selects interventions based on the best available evidence and patient preferences; follows established guidelines (eg, best practice, clinical pathways, and protocol) when designing the plan of care; progresses and modifies plan of care and discharge planning based on patient responses; identifies the resources needed to achieve the goals included in the patient care; implements, monitors, adjusts, and periodically re-evaluates a plan of care and discharge planning; discusses the risks and benefits of the use of alternative interventions with the patient; identifies patients who would benefit from further follow-up; advocates for the patients' access to services).</p>	<p style="text-align: center;">5 6 4 3 2 1 0 _____</p>	<p style="text-align: center;"> _ _ _ _ _ _ _ _ _ _ _ _ </p>	
<p>13. PROCEDURAL INTERVENTIONS: Performs physical therapy interventions in a competent manner. (**Performs interventions safely, effectively, efficiently, fluidly and in a coordinated and technically competent manner; performs interventions consistent with the plan of care; utilizes alternative strategies to accomplish functional goals; follows established guidelines when implementing an existing plan of care; provides rationale for intervention selected for patients presenting with various diagnoses; adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions etc.; assesses patient response to interventions and adjusts accordingly; discusses strategies for caregivers to minimize risk of injury and to enhance function; considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems; incorporates the concept of self-efficacy in wellness and health promotion). **Note: See Appendix for list of interventions(from the CPI and Guide to Clinical Practice).</p>	<p style="text-align: center;">5 6 4 3 2 1 0 _____</p>	<p style="text-align: center;"> _ _ _ _ _ _ _ _ _ _ _ _ </p>	

<p>14. EDUCATIONAL INTERVENTIONS: Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods. (Identifies and establishes priorities for educational needs in collaboration with the learner; identifies patient learning style (eg, demonstration, verbal, written); identifies barriers to learning (eg, literacy, language, cognition); modifies interaction based on patient learning style; instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community; ensures understanding and effectiveness of recommended ongoing program; tailors interventions with consideration for patient family situation and resources; provides patients with the necessary tools and education to manage their problem; determines need for consultative services; applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (eg, ergonomic evaluations, school system assessments, corporate environmental assessments); provides education and promotion of health, wellness and fitness).</p>	<p style="text-align: center;"> 5 6 4 3 2 1 0 _____ </p>	<p style="text-align: center;"> _ _ _ _ _ _ _ _ _ </p>	
<p>15. DOCUMENTATION: Produces documentation in a timely manner to support the delivery of physical therapy services. (Selects relevant information to document the delivery of physical therapy patient care; documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in delivery of patient care; produces documentation (eg, electronic, dictation, chart) that follows guidelines and format required by the practice setting; documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers; documents all necessary information in an organized manner that demonstrates sound clinical decision-making; produces documentation that is accurate concise, timely and legible; utilizes terminology that is professionally and technically correct; documentation accurately describes care delivery that justifies physical therapy services; participates in quality improvement review of documentation (chart audit, peer review, goals achievement).</p>	<p style="text-align: center;"> 5 6 4 3 2 1 0 _____ </p>	<p style="text-align: center;"> _ _ _ _ _ _ _ _ _ </p>	
<p>16. OUTCOMES ASSESSMENT: Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual and group outcomes. (Applies, interprets, and reports results of standardized assessments throughout a patient's episode of care; assesses and responds to patient and family satisfaction with delivery of physical therapy care; seeks information regarding quality of care rendered by self and others under clinical supervision; evaluates and uses published studies related to outcomes effectiveness; selects, administers, and evaluates valid and reliable outcomes measures for patient groups; assesses the patient's response to intervention in practice terms; evaluates whether functional goals from the plan of care have been met; participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).</p>	<p style="text-align: center;"> 5 6 4 3 2 1 0 _____ </p>	<p style="text-align: center;"> _ _ _ _ _ _ _ _ _ </p>	

<p>17. FINANCIAL RESOURCES: Participates in the financial management *budgeting, billing, and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. (Schedules patients, equipment and space; coordinates physical therapy with other services to facilitate efficient and effective patient care; sets priorities for the use of resources to maximize patient and facility outcomes; uses time effectively; adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements; provides recommendations for equipment and supply needs; submits billing charges on time; adheres to reimbursement guidelines established by regulatory agencies, payers, and the family; requests and obtains authorization for clinically necessary reimbursable visits; utilizes accurate documentation, coding, and billing to support request for reimbursement; negotiates with reimbursement entities for changes in individual patient services; utilizes the facility's information technology effectively; functions within the organizational structure of the practice setting; implements risk-management strategies (ie, prevention of injury, infection control, etc.); markets services to customers (eg, physicians, corporate clients, general public; promotes the profession of physical therapy; participates in special events organized in the practice setting related to patients and care delivery; develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).</p>	<p>5 6 4 3 2 1 0 _____</p>	<p>_____</p>	
<p>18. DIRECTION AND SUPERVISION OF PERSONNEL: Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines. (Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies; applies time-management principles to supervision and direct patient care; informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (eg, secretary, volunteers, PT Aides, PTAs); determines the amount of instruction necessary for personnel to perform directed tasks; provides instruction to personnel in the performance of directed tasks; supervises those physical therapy services directed to PTAs and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies; monitors the outcomes of patients receiving physical therapy services delivered by other support personnel; demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel; demonstrates respect for the contributions of other support personnel; directs documentation to PTAs that is based on the plan of care that is within the PTAs ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics and facility policies; reviews, in conjunction with the clinical instructor, the PTA documentation for clarity and accuracy.</p>	<p>5 6 4 3 2 1 0 _____</p>	<p>_____</p>	

Student Name: _____

College or University_____

Clinical Experience: I, II, III, IV, V _____

Clinical Education Site _____

Length of Experience: _____

Type of Experience(eg, acute, ortho, rehab) _____

Goals for the Experience:

1.

2.

3.

4.

5.

Areas of Strength	Areas to Strengthen

Student Signature: _____ **Date completed** _____

APPENDIX

Tests and Measures

- a. aerobic capacity
- b. anthropomorphic characteristics
- c. arousal, mentation, and cognition
- d. assistive and adaptive devices
- e. community and work reintegration
- f. cranial nerve integrity
- g. environmental, home and work barriers
- h. ergonomics and body mechanics
- i. gait, assisted locomotion and balance
- j. integumentary integrity
- k. joint integrity and mobility
- l. motor function
- m. muscle performance (strength, power, endurance)
- n. neuromotor development and sensory integration
- o. orthotic, protective and supportive devices
- p. pain
- q. posture
- r. prosthetic requirements
- s. range of motion
- t. reflex integrity
- u. self-care and home management (includes ADL's, IADL's)
- v. sensory integration (including kinesthesia and proprioception)
- w. ventilation, respiration and circulation

Interventions

- a. airway clearance techniques
- b. debridement and wound care
- c. electrotherapeutic modalities
- d. functional training in community and work reintegration (including IADL's, work hardening and work conditioning)
- e. functional training in self-care and home management (including ADL's and IADL's)
- f. manual therapy techniques
- g. patient-related instruction
- h. physical agents and mechanical modalities
- i. prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment
- j. therapeutic exercise (including aerobic conditioning)

Preferred Practice Patterns: Cardiopulmonary

- a. Primary Prevention/risk factor reduction for Cardiopulmonary disorders
- b. Impaired aerobic capacity and endurance secondary to Deconditioning associated with Systemic disorders
- c. Impaired ventilation, respiration (gas exchange), and aerobic capacity associated with airway clearance dysfunction
- d. Impaired aerobic capacity and endurance associated with cardiovascular pump dysfunction
- e. Impaired aerobic capacity and endurance associated with cardiovascular pump failure
- f. Impaired ventilation, respiration (gas exchange), aerobic capacity, and endurance associated with ventilatory pump dysfunction
- g. Impaired ventilation with mechanical ventilation secondary to ventilatory pump dysfunction
- h. Impaired ventilation and respiration (gas exchange) with potential for respiratory failure
- i. Impaired ventilation and respiration (gas exchange) with mechanical ventilation secondary to respiratory failure
- j. Impaired ventilation, respiration (gas exchange), aerobic capacity, and endurance secondary to respiratory failure in the neonate

Preferred Practice Patterns: Neuromuscular

- a. Impaired Motor Function and Sensory Integrity Associated with Congenital or Acquired disorders of the Central Nervous System in Infancy, Childhood and Adolescence
- b. Impaired motor function and sensory integrity associated with Acquired Nonprogressive disorders of the Central Nervous System in Adulthood
- c. Impaired motor function and sensory integrity associated with Progressive disorders of the CNS in adulthood
- d. Impaired motor function and sensory integrity associated with Peripheral Nerve Injury
- e. Impaired motor function and sensory integrity associated with Acute and chronic polyneuropathies
- f. Impaired motor function and sensory integrity associated with nonprogressive disorders of the spinal cord
- g. Impaired arousal, ROM, Sensory Integrity and motor control associated with coma or vegetative state.

Preferred Practice Patterns: Musculoskeletal

- a. Primary prevention/risk factor reduction for Skeletal Demineralization
- b. Impaired Posture
- c. Impaired Muscle Performance
- d. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Capsular Restriction
- e. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Ligament or other Connective Tissue Disorders
- f. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Localized Inflammation
- g. Impaired Joint Mobility, Motor Function, Muscle Performance, ROM or Reflex Integrity Secondary to Spinal Disorders
- h. Impaired Joint Mobility, Muscle Performance, and ROM associated with Fracture
- i. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Joint Arthroplasty
- j. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Bony or Soft Tissue Surgical Procedures
- k. Impaired gait, locomotion, and Balance and Impaired motor function secondary to Lower Extremity Amputation

Preferred Practice Patterns: Integumentary

- a. Primary prevention/risk factor reduction for integumentary disorders
- b. Impaired Integumentary Integrity secondary to superficial skin involvement
- c. Impaired integumentary integrity secondary to partial-thickness skin involvement and scar formation
- d. Impaired integumentary integrity secondary to full-thickness skin involvement and scar formation
- e. Impaired integumentary integrity secondary to skin involvement extending into fascia, muscle or bone
- f. Impaired anthropomorphic dimensions secondary to lymphatic system disorders