

**New York Medical College
Department of Physical Therapy**

Essential Functions

Graduates of the Doctor of Physical Therapy program will be expected to function as autonomous practitioners and to provide a full range of physical therapy services. In order to be considered for admission, and to successfully progress through the program to graduation, candidates must demonstrate academic accomplishment and completion of all required coursework. In addition, candidates must possess and maintain intellectual, observational, communication, motor, and behavioral abilities sufficient to meet the cognitive, psychomotor, and affective goals of the curriculum and program.

The following provide descriptions and examples of the essential or minimal functions required of candidates to the Doctor of Physical Therapy program. Examples are illustrative and do not necessarily represent an all-inclusive set of functions.

I. Intellectual Skills:

The candidate must have conceptual, integrative, and quantitative abilities sufficient to learn, teach, create, analyze, synthesize, extrapolate, make objective and subjective judgments, solve problems, organize, and implement plans. Examples include, but are not limited to:

1. Rapidly analyzing and synthesizing data from a variety of sources,
2. Determining the data needed to solve clinical problems,
3. Creating feasible solutions to problems faced in practice,
4. Prioritizing components of solutions developed in response to problems encountered.

II. Observational Skills

The candidate must have discriminatory ability in the senses of vision, hearing, touch, and smell sufficient to learn information presented, assess patients/clients, and assess diagnostic material. Examples include, but are not limited to:

1. Observing demonstrations in the classroom, laboratory, and clinical settings,
2. Viewing gross anatomy and neuroanatomical specimens,
3. Observing and interpreting various patient/client-related conditions including the cognitive, physical, and affective status
4. Observing the physical environment and presence of safety hazards,
5. Reading various technical equipment displays, assessment graphs, patient/client charts, professional literature, and notes from patients/clients, physicians and other health professionals and interpreting the significance of the information provided,
6. Using all senses to assess patients/clients both at a distance and close at hand.

III. Communication Skills:

The candidate must have the ability to speak, listen, write, draw, and observe sufficient to elicit and convey written, verbal, and non-verbal information to and from faculty, staff, administrators, peers, patients/clients, families, and health care team members. They must be able to convey and collect information rapidly, accurately, and with clarity and sensitivity. Examples include, but are not limited to:

1. Teaching and learning from faculty, peers, clinical faculty, and patients/clients,
2. Communicating all course work effectively through written, verbal, and non-verbal form,
3. Taking a patient/client's history and assessing their mood, posture, and intellectual functions,
4. Communicating effectively with patients/clients, healthcare professionals, community or professional groups, and colleagues,
5. Reporting clearly and legibly by means of documentation in patient/client charts, reports to physicians, insurance forms, and equipment order forms,
6. Responding to potentially emergent situations such as warning calls from staff or patients/clients and equipment alarms,
7. Participating in group meetings to deliver and receive information and to respond to questions from a variety of sources.

IV. Motor Skills:

The candidate must have fine and gross motor skills sufficient to perform quick precise movements, manipulate medical equipment, manipulate patient/clients' limbs and bodies, and maintain equilibrium and sustain forceful movements. In addition, the candidate must have stamina sufficient to complete the expectations of graduate level education, to travel to and from clinical education sites, and to complete the work day expectations of full-time clinical education experiences. Examples include, but are not limited to:

1. Exhibiting pain free strength and range of motion of the neck, trunk, and limbs that is within normal limits,
2. Exhibiting sufficient manual dexterity to manipulate small and large items, perform CPR, and treat acutely ill patients/clients without disturbing sensitive monitoring instruments and lines,
3. Exhibiting sufficient strength, balance, and manual dexterity to safely perform passive range of motion and mobilization/manipulation activities with patients/clients,
4. Exhibiting sufficient strength, balance, and dexterity to assist patients/clients with therapeutic exercises and functional activities.
5. Working in kneeling, semi-squat, and full-squat positions with patients/clients,
6. Lifting and moving 50 lbs from one location to another in positions of kneeling, sitting, and crouched or full standing, that may also involve twisting, pivoting, and leaning. Clinical examples include:
 - a. Lifting and moving a client with tetraplegia from a lying or side-lying position into a sitting position, which requires a therapist be able to squat, kneel, and lean over the client when lifting,
 - b. Performing passive range of motion for the lower limbs of a client with hemiplegia, paralysis, or severe weakness, which requires a therapist be able to lift and move the entire lower limb while in positions that include kneeling, side sitting, and leaning,
 - c. Performing a maximal assistance transfer of a client with hemiplegia, paralysis, or severe weakness from a wheelchair to and from an exercise mat, which requires a therapist be able to lift and move the client while sitting on a stool and leaning forward, or while maintaining a prolonged squatting position and pivoting
7. Participating and performing independently all psychomotor expectations associated with the curriculum,

8. Teaching and assisting patients/clients with transfers to surfaces encountered in clinical, community, and home settings,
 9. Walking and balancing sufficiently to:
 - a. Safely teach and assist patients/clients with ambulation on level and un-level surfaces, including stairs, with or without equipment,
 - b. Safely teach and assist patients/clients in balance activities, with or without equipment,
- V. Behavioral Social Attributes:
The candidate must have mature behavior and social abilities sufficient to be composed, adaptable, resilient, punctual, decisive, thoughtful, candid, receptive, diligent, persevering, tolerant, and sensitive to others. Examples include, but are not limited to:
1. Prioritizing numerous tasks and maximizing productivity to achieve multiple goals in a timely fashion, including educational, administrative, and patient/client care
 2. Adapting to changes in class schedules and program activities, in some cases with short notice,
 3. Tolerating common challenges in clinical education experience assignments, such as delays in site assignment, limited site location options, changes in site location,
 4. Accepting constructive criticism and responding by appropriate modification of behavior,
 5. Developing mature, sensitive, professional, responsible, and effective relationships with faculty, staff, peers, clinical faculty, and patients/clients,
 6. Recognizing and responding appropriately to individuals of all ages, genders, races, socioeconomic, religious, cultural backgrounds, and sexual orientations,
 7. Coping with general stresses of a working environment along with stresses generated from working with potentially demanding patients/clients, and possible life threatening clinical situations,
 8. Recognizing and responding appropriately to potentially hazardous situations
 9. Exercising sound and consistent judgment in complex situations,
 10. Continuing to function in the face of uncertainties inherent in the clinical problems of patients.

While technological compensation can be made for some disabilities in certain of these areas, the Department of Physical Therapy must be fully satisfied that a candidate can perform in a reasonably independent manner and complete the essential functions of the entire curriculum of required courses and electives. The use of a trained intermediary to substitute for any of the functions above is not acceptable because the candidate's activities would be mediated by someone else's power of observation, selection, interpretation, or physical performance.

Candidates who lose the ability to meet any of the essential functions of the Department of Physical Therapy following matriculation into the program may need to take a medical or administrative leave until all essential functions can be met. If the inability to meet any of the essential functions becomes chronic, the candidate may need to withdraw or be dismissed from the program.