Confusion related to expectations for PTA student performance typically fall into one of two categories. Either (1) the SPTA is expected to exhibit competency with skills appropriate for the SPT and beyond the training and education of the SPTA or (2) the SPTA is held to expectations more consistent with PT technician training and is not challenged to perform to their level of education.

Some of the more common issues or examples are outlined below. Clinical instructors are encouraged to contact the PTA Program's ACCE with any specific or additional questions related to appropriate SPTA supervision, practice and goals/expectations for performance.



- •SPTA performing initial examination components
- •SPTA establishing PT diagnosis or hypothesizing prognosis based on initial examination findings •SPTA identifying appropriate interventions
  - and/or therapy progression based on incomplete or vague PT Plan of Care •SPTA performing interim assessment or intervention skills with "complex" patients (multi-system involvement, rapidly changing status, etc..) without direct supervision
- \*SPTA performing assessments or interventions not appropriate for the PTA based on state law (sharp debridement, spine mobilization, etc..)

- •SPTA follows only a scripted list of specific exercises and modalities
- •SPTA not challenged to give rationale for selected interventions or identify alternative interventions that could be used to achieve PT established goals
- SPTA not asked to perform any interim reassessments (strength, ROM, sensation, balance, posture/gait, functional status, etc..)
- •SPTA given few opportunities to practice clinical documentation skills
- •SPTA not given opportunities to practice interpreting and implementing a written PT Plan of Care

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