



Department of Health Professions
Program in Physical Therapy

UCF Clinical Education Update 2011

The past year in the University of Central Florida's Doctoral Program in Physical Therapy has brought continued advancement of our clinical education opportunities, which has been equally met with improvements in both clinical and academic performance. Academically, our inaugural DPT Class of 2010 had 100% first-time pass rate on their licensure examination, which was 12% higher than the national average. Clinically, the final clinical performance ratings of our DPT Class of 2011 was rated as exceeding "Entry Level" physical therapist performance in overall measures of professional practice and practice management. These achievements are directly reflective of the hard work that our students put into their education and their dedication as future professionals.

These levels of student success should be greatly commended by all due to the fact that our students performed to these high standards while in challenging and diverse physical therapy practice settings. In this year's Clinical Education Update, I would like to highlight some of the diverse opportunities with which our students challenge themselves. These practice setting each offer their unique challenges to each student both professionally and personally.

As a representative of the UCF Doctoral Program in Physical Therapy I would like to thank each and every one of our clinical partners who make opportunities as these available to our students for the betterment of our profession. Our continued partnerships will ensure that physical therapy is a valued profession full of opportunity to better society so long that we all strive for life-long learning.

Kindest Regards,

A handwritten signature in black ink, appearing to read 'Patrick S. Pabian'.

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John Hirst SPT. Class of 2011

John Hirst chose to complete his final clinical affiliation at Baylor University Medical Center in Dallas Texas. John chose this location not only because of Dallas being the host for Super Bowl XLV (I think), but because of the challenge that Baylor offers as a high level teaching hospital, offering an array of specialty services.

John's Quote

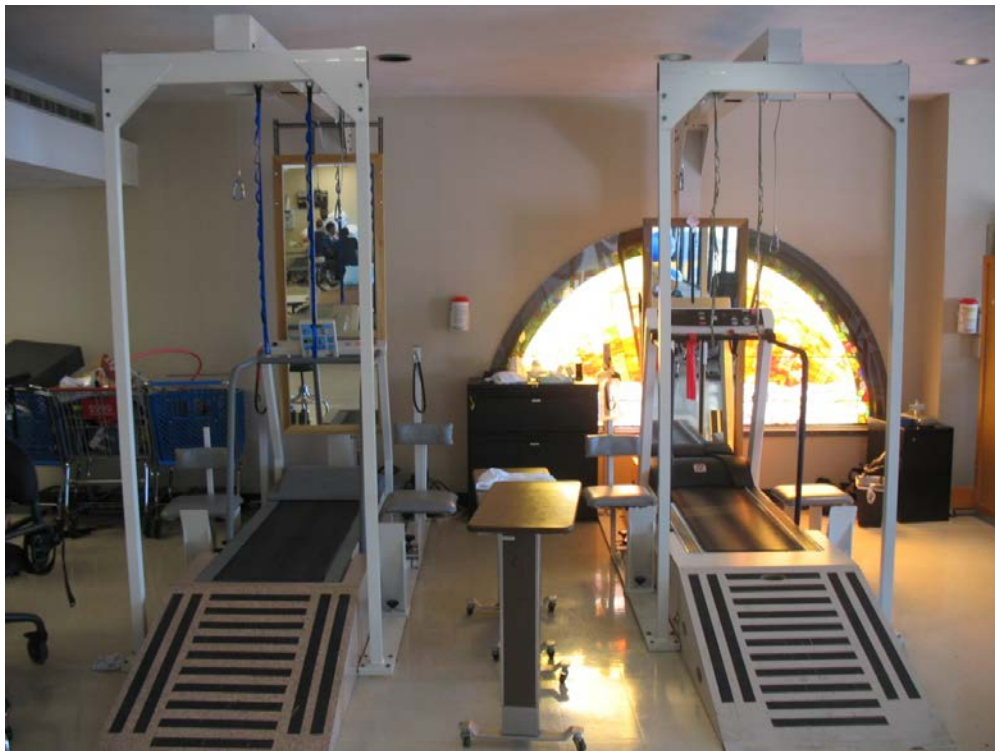
“For my last clinical rotation I decided to head out west for a little taste of adventure, and that is exactly what it was an “adventure”. I experienced many new and exciting things while in Dallas including apparently the worst snow and ice storms in the last 20 years in north Texas. I also literally ran into Jimmy Johnson at a Super Bowl Festivity. The biggest adventure however was simply living the “Big City” lifestyle.

While in Dallas I also had the privilege of working at a Baylor University Medical Center. Baylor is a well-known teaching hospital that provides many unique opportunities for students. I was assigned to the neurological trauma unit. In this setting I was exposed to multiple complex pathologies some of which include TBI, SCI, GSW, and traumatic surgery. Also I was given the opportunity to treat patients in both inpatient rehab and day neuro programs at Baylor Institute of Rehabilitation. In these settings it was very encouraging and interesting to witness Baylor's commitment to evidence based practice. Rehabilitation teams at Baylor go beyond simply utilizing the available research and are currently participating in multiple significant research studies in the areas of TBI, CVA and SCI. Specifically I had the chance to observe and work alongside physical therapists, physiatrists and neuropsychologists conducting research. Some of their current topics include an investigation of the role of human growth hormone deficiency in the recovery of TBI patients and the use of a Body Weight Supported Treadmill Training program post CVA.

I thoroughly enjoyed the opportunity to work at this institution and would recommend it to anyone interested in being involved with the most current evidence based neuro care out there. Also if you are planning to come to Texas for your own “adventure”, during the winter months, pack accordingly as the high's and low's for the six weeks I was there ranged from a wind-chill of -10° to a high of 82°.”



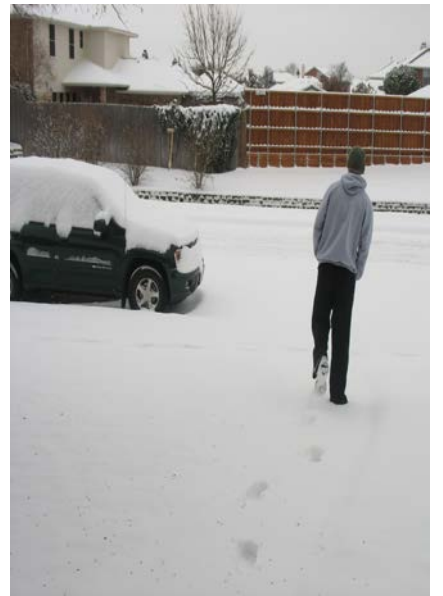
Aerial view of Baylor University Medical Center & Dallas, Tx.



Body-weight supported treadmills.



Super Bowl XLV.



Dallas, TX. & the adventurous weather.

Nicole Stokes SPT. Class of 2011

Nicole Stokes chose to complete her final clinical at All Children's Specialty Care of Sarasota in Sarasota, Florida. This facility is a branch of All Children's Hospital, which in one of very few specialty children's hospitals in the state of Florida. This specialty setting offers an intensive and unique patient population with a leading pediatric facility in patient care and outreach.

Nicole's Quote

"I had the opportunity of carrying out my final clinical rotation at All Children's Specialty Care of Sarasota. It is an outpatient clinic and I was able to work with a wide variety of little ones, loving every minute of it. I chose this clinical setting in order to expand my clinical horizons. I wanted to experience something out of my comfort zone, not realizing that I would stumble upon a desire to work with kids following graduation. Working with children and being witness to their developmental progression is awe inspiring. Every day was a new challenge to see what my patient could do that day. This created an environment which bred creativity, hard work, and an open mind. When working with children, you must have a goal in mind but be able to modify at a moment's notice. I learned that flexibility is key to being efficient as a clinician. During an evaluation I might have to perform an entire assessment of the child while also communicating with their parents, on a translator phone whom are Spanish speaking only. Communicating and educating the parents was one of the most challenging aspects of working in pediatrics.

I am so thankful for this opportunity and I was able to take away many lessons. The children I worked with taught me most of all that *all* children are, to their core, the same. They all want to play and laugh and enjoy life. Many people asked me why I would want to work with children with health issues as they view this to be sad. I could not disagree with them more. I would say in reply, "You would think that, but do you know what I get to do all day?" and continue, "I play and laugh and sing." Now, don't get me wrong, there are very sad moments but those definitely do not outweigh all the happiness. My experiences at All Children's were invaluable and I will always be grateful to the children and their families for what they taught me. "





Rehab Gym at All Children's Specialty Care of Sarasota.



Nicole Stokes, SPT working with patient.

Kristing Young SPT. Class of 2011

Kristin Young decided to complete her final clinical affiliation at The Shelbourne Knee Center in Indianapolis, Indiana. This private practice outpatient orthopedic clinic was founded by world-renowned orthopedic surgeon, Dr. Donald Shelbourne. Dr. Shelbourne and his team of physical therapists and athletic trainers are on the cutting edge of sports medicine interventions for the knee, have completed multiple research studies in the field, and have published in numerous professional journals. Kristin desired to return to the MD who first introduced her to physical therapy, having reconstructed both of her ACLs during her college soccer days at Purdue University.

Kristin's Quote

"The Shelbourne Knee Center was an exceptional, unique experience. Everything from patient care to working with the physicians, to observing surgeries was outstanding. All the staff, especially my CI, was always willing to take that extra measure to maximize my experience.

This clinic is different from any other private practice/outpatient clinic that I have been to. First of all, they really utilize a team-approach for patient care. All the clinicians (PTs and ATCs) work very closely with the 2 physicians. For example, Tuesdays and Thursdays are clinic days, which mean that the physicians see new and post-op patients. The clinicians work-up the patient (take history, systems review, screen, etc.) and take them to x-ray prior to seeing the physician. The clinician presents a brief report to the physician, who reads/grades the x-rays. The clinician accompanies the physician while he obtains additional history, performs an evaluation, shows and educates the patient about their x-rays, and outlines the appropriate plan of care. If the physician refers the patient for physical therapy, the clinician brings the patient to the gym to perform an evaluation. These clinic days can be every busy. If everyone is not on the same page, things will not run as smooth and efficient.

Treatment for any injury or condition can vary from one clinic to another. Treatments at the Shelbourne Knee Center are based on more than 25+ years of continual research and are designed to meet each patient's individual needs. The Shelbourne Knee Center is located in the heart of Indianapolis. I was surprised to learn that on average patients drove from 2+ hours away to see Dr. Shelbourne, Dr. Urch, or one of the clinicians for rehabilitation. During my experience, patients were treated from Indiana, Illinois, Missouri, Ohio, and Michigan. Ages of the patients I treated ranged from 7 to 80+ years old. So why do patients drive so far to come to this clinic? To sum it up, to feel better, decrease their pain, and improve their function. The Shelbourne Knee Center has the research and data to prove that their patients excel.

Lastly, the Shelbourne Knee Center emphasizes the importance of continuing education and research. Every Tuesday morning, the physicians and clinicians have a continuing education meeting. I learned so much more about specific knee diagnoses, interventions, differential diagnoses, etc. during these meetings. As for research, the clinic has been collecting data and publishing articles for 30+ years. Not only was I given the opportunity to collect research data but also to assist with implementing an outcome measure (TUG test) with their TKA population.

One thing that shocked me while here on my clinical was the number of patients seeking a second opinion of their knee condition because they were told surgery was the only option. In certain circumstances, surgery is warranted; however, many patients simply would benefit from a rehabilitation program. There were numerous occasions where some of the patients were able to delay or even avoid surgery through education, treatments, and a home exercise program. Dr. Shelbourne and Dr. Urch would always opt to try conservative measures prior to jumping to surgery. In fact, in almost all cases, patients go through rehabilitation prior to surgery in order to achieve the best outcomes post-op.

Some may criticize that it would be boring and repetitious to treat only knees. On the contrary, I found each patient to be unique and interesting. During my experience, I encountered over 20+ different knee diagnoses. PTs are specializing in orthopedics, sports, neuro, peds etc. to be experts and provide the best, most effective evidence-based treatment. Why not specialize and become an expert in treating a specific joint?

Overall, the Shelbourne Knee Center is an outstanding, prestigious outpatient clinic. I highly recommend patients, students, and clinicians to visit. If the opportunity would arise, I would definitely consider becoming a member of this team.”



Rehab Gym at Shelbourne Knee Center. Proud of all their national University and High School relations.



Kristin Young, SPT working with patient.



Downtown Indianapolis. Recommend going in summer.